

What You Need to Know

A look at how many must overcome needle phobia to help protect others, environmental service teams and the important part they play in preventing infection, how a long year of restrictions and staying safe at home has affected our mental health, and more

A Fear of Injections May Lead to Infections



Some people who avoid immunizations aren't worried about the vaccine—they're afraid of the needle. The American Psychiatric Association's *Diagnosics and Statistical Manual of Mental Health Disorders* (DSM-5) recognizes trypanophobia as a phobia to blood, injection, and injuries. Symptoms in response to getting a shot might include cold sweats, dizziness, insomnia, and muscle tension. According to a 2018 study in the *Journal of Advanced Nursing*, millions of people have such a fear, ranging from mild to severe; the Centers for Disease Control and Prevention (CDC) estimate that a quarter of adults are frightened of needles, and that fear results in 7% of them avoiding immunizations. However, to achieve the herd immunity necessary to control COVID-19, many of them must overcome their fear to help protect themselves, their loved ones, and their community. And beyond the pandemic, the benefits of conquering their fears are worth it to help stay in good health—and even may be lifesaving. Fortunately, there are some strategies to help, such as practicing relaxation techniques, distraction, bringing a supportive person with them, anti-anxiety medication, and cognitive behavioral therapy.

Infection Prevention — A Better Environment for Service Workers



Environmental service workers (ESWs) have an essential role in hospitals and long-term care facilities (LTCs), yet they are often overlooked and underappreciated. **They are also undertrained**, according to a preprint study in the *American Journal of Infection Control*. Researchers at Clemson University who reviewed 31 studies about environmental service teams from 2000–2009 found that ESWs themselves often belittle their own contributions to patient care and infection control and prevention. One big reason: Training for ESWs often does not prepare them for the demands of their job or teach them the communication skills they need to work with others, particularly in a culture where many ESWs might feel less valued or unwelcome, or not fully appreciate their impact on patient safety. The study also found that LTCs “have been reported to pay considerably less attention in disinfection than hospitals, perhaps because of limited staff, insufficient infection prevention education, and staff perception of isolation and contact precautions.”

Blog — Coaching the Patient Safety Team



Who are the MVPs in your healthcare facility? If you didn't say the patient safety officer, you aren't using this role to the best advantage.

Regina Hoffman, MBA, RN, has a new weekly blog in which she discusses patient safety, healthcare, executive leadership, and related topics—drawing on her more than 30 years' experience wearing multiple hats, including roles as the executive director of the Patient Safety Authority, a patient safety liaison, a patient safety officer, a director of safety and quality officer, a nurse, and a mother.

In this week's article, Hoffman makes a strong case for **why the patient safety officer belongs at the top of your organizational chart**, to put them in the best position to look out for your patients as well as your business. “When we elevate the patient safety officer position to the same level as the rest of the executive team, it underscores the priority level of patient safety within your organization,” she writes. “Recognizing that patient safety and risk management are two sides of the same coin is paramount to effect real improvement in patient safety and real mitigation of future risk.”



THE BIGGER PICTURE

with Regina Hoffman

Check out the blog,
bookmark it, and
look for new posts
every Thursday!

Mental Health — No Rest for the Weary



A year into the pandemic, people are clearly done with wearing masks, social distancing, and staying home. The feeling you probably are experiencing right now is called **pandemic fatigue**; experts explain that it happens when we try to change our behavior for a long period, rather than making a short-term change. A New Year’s resolution to get more exercise is a good example of trying to make lasting lifestyle changes that ultimately fizzle out. In a sense, the COVID-19 vaccines have arrived just in time, providing a booster to our resolve and hope for the future. Unfortunately it may be at least another year before life even approaches what we would consider normal, especially with the slow vaccine rollout and barriers to distribution. But as difficult as it is to continue feeling isolated, stressed, and worried, it’s vital not to give in to the fatigue now—keep wearing masks and don’t start traveling because you need a break. The return to “normal” may be close, and we’ll get there faster by working together.

Long-Term Care — Reach Out and Touch Someone (Safely)



How can you hug someone who lives outside your household when you have to stay six feet apart? This is a pandemic problem even Zoom can’t overcome, but one enterprising teen in Mississippi found a creative solution. Cooper Williams, a 17-year-old Eagle Scout in Madison County, **built “hugging booths” for a nearby assisted living home**. Each homemade booth consists of a plastic sheet with armholes that allow residents and their family members to embrace without any risk of spreading COVID-19. Previously limited to window visits, families can now schedule time with the booth to enjoy the comforting touch of their loved ones in a new and safe way. As with everything during the pandemic, it’s an imperfect compromise, but a welcome one. Gale Hildebrand, was one of the first to benefit from Williams’ inventiveness and generosity, hugged her mother for the first time in eight months and told AP, “We’ve been looking for this and begging for this for a long time.”

National Doctors’ Day

For National Doctors’ Day on March 30, we will be posting stories of Pennsylvania physicians to thank them for their service and courage battling COVID-19.

Doctors, please consider sharing your story! Either a short video or write-up describing your experiences over this past year.

Send your story to patientsafetyauthority@pa.gov by March 26.



Patient Perspective — These Tips Are a Sight for Sore Eyes



During the pandemic, screen time is up, and vision health is down. According to research at the College of Optometrists in the United Kingdom, almost 25% of people have reported **worsening vision due to spending more time looking at screens**—whether that be Zoom meetings or binge-watching Netflix. Some of the problems people are experiencing include difficulty reading, poor night vision, headaches, and migraines. Another issue brought about by COVID-19: People are also less likely to seek help when they experience eye problems or attend regular eye exams because they don't want to get the virus. While the negative impact of screen time likely is temporary, if you experience redness, pain, or other concerns in your eyes, experts recommend you talk to your optometrist. In the meantime, the U.K. nonprofit Fight for Sight recommends you relieve strain on your eyes by following the “20-20-20” rule: look at something 20 feet away for 20 seconds for every 20 minutes you look at a screen.

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PA PATIENT SAFETY

Improving Diagnosis — Give Yourself A Gut Check



Turning 50 is a big deal for many people, but along with celebrating half a century of life comes another major, but less pleasant, milestone: your first colonoscopy. Experts recommend a colon screening for people age 50 to 75, who are of average risk for colon cancer, every 10 years; however, the process involves uncomfortable preparation, including the need to take time off from work and find someone to get you home after the procedure—not to mention the actual colonoscopy itself. But there's a much more convenient screening that is just as accurate: **a home kit called a fecal immunochemical test (FIT)**, which can be mailed to your home, completed, and returned, with results available online within about a week. This is particularly appealing during a pandemic, when many people are avoiding wellness visits and scheduled screenings because of the pandemic, particularly older adults who are a higher risk group for COVID-19. If your results are positive (5–6% of patients), you will still need a colonoscopy, but if your test is negative, you're done until next year—no fuss, no muss. FIT (\$20 or less) is also a much cheaper alternative to a colonoscopy (\$1,000 or more). While this noninvasive option may not be recommended for everyone based on their medical history, it's worth asking your care provider about FIT when the time comes to see if it can work for you.

Pediatrics — Pediatric Care During Pandemic



A special issue of the *Journal of Pediatric Rehabilitation Medicine* engages with some underresearched COVID-19 topics, including **how the pandemic is affecting children with special needs** and their caregivers and healthcare providers. Although the percentage of children with the virus is low compared to the adult population, children with disabilities—such as cerebral palsy, autism spectrum disorders, neuromuscular disorders, and more—are at a higher risk for getting sick and experiencing respiratory complications. This risk may be compounded by other factors, including race and equity. As children are more likely to contract COVID-19 from a family member they live with, it is important for families to take utmost precautions to prevent infection from spreading in the home. The issue also looks at how the use of telemedicine has boomed during the pandemic as further protection for vulnerable pediatric patients, and how the more convenient option is likely here to stay beyond the pandemic.



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